

**REMARKS**

The application, as amended herein, now contains Claims 5 and 10-27. Claim 5 is amended as discussed herein below. Claim 10 is amended to correct an inadvertent error. It now more closely follows the paragraph bridging pages 43 and 44. Claim 12 is amended to correct a typographical error. Claims 15-27 are new claims and as discussed below.

Claims 5 and 10-14 stand rejected under 35 USC 102(b) as being anticipated by Zipes, U.S. Patent No. 4,384,585 (Zipes).

Claims 5, 10, 11 and 13 stand rejected under 35 USC 102(b) as being anticipated by Prystowsky et al., U.S. Patent No. 4,554,922 (Prystowsky).

Claim 12 stands rejected under 35 USC 103(a) as being obvious over Prystowsky in view of Zipes.

Applicants thank the Examiner for the courtesy of an interview, where the cited art and claims were discussed. Specifically, Applicants' representative brought up the possibility of amending the claims in a manner which indicated that the effects described would also be relevant in non-arrhythmic cases, in contrast to the art which is specifically and only relevant for arrhythmia control.

Applicants respectfully submit that both Zipes and Prystowsky generally relate to applying electrical fields solely for arrhythmia control (e.g., in a manner which stops and/or prevents an arrhythmia, depending on the specific embodiment). There is no teaching of any other effect on the heart.

Furthermore, while, for example, Prystowsky suggests applying a field to different parts of the heart, there is no suggestion to apply different fields to different parts of the heart and/or obtaining different effects. Nevertheless, Applicants have further amended the claims to further

distinguish from the art, namely, by clarifying that at least the first effect is not of the type in the cited art. This finds support throughout the application and especially on page 9, lines 12-16 and 28-35 and page 10, lines 15-page 12, line 2 where different types of effects, mechanical and electrical are described and distinguished. In addition, several of the Experiments are carried out on non-arrhythmic tissue and/or for purposes other than arrhythmia control.

Applicants also note that one of the art would not be motivated to combine Zipes and Prystowsky, at least for the reason that each art appears to be self-sufficient with regard to a substantially same desired effect, while if multiple fields are combined, the effect would not be predictable according to the teaching of the art.

With regard to the current dependent claims, Applicants note the following.

With regard to claim 10, Applicants respectfully submit that the particular control of left and right ventricles is not shown or suggested in the art.

With regard to claim 11, modifying the relation between the contraction of the two ventricles is also not shown or suggested in the art.

With regard to claim 12, putting aside the question whether the art could or would be combined, there is no teaching that the particular control of claim 12 would be applied, namely, that increase for one ventricle is coordinated with decrease from another ventricle.

The other dependent claims are patentable at least for reason of being dependent on an allowable independent claim.

New dependent claims were added which further distinguish over the art.

Claim 15 otherwise clarifies that modifying contractility is not merely a side effect of arrhythmia control.

Claim 16 clarifies that both effects are configured for non-arrhythmic tissue, in contrast to art where effect is configured for arrhythmic tissue.

Claim 17 clarifies that the circuitry is configured for a non-arrhythmic heart, in contrast to art which is only configured for an arrhythmic heart.

Claim 18 clarifies that the stimuli are applied in response to a desired increase in cardiac output and not arrhythmia.

Claim 19 clarifies that the first effect is a reduction in contractility, an effect which is not expected when applying the art.

Claim 20 clarifies that the first effect is an increase in contractility, an effect not specifically discussed in the art.

Claim 21 clarifies that the first stimulus is configured to have the effect on non-arrhythmic tissue, which is in opposition to the art, where the effect is on arrhythmic tissue.

Claim 22 clarifies that the two stimuli are different, while in art, they would apparently be the same if two stimuli would be applied.

Claim 23 clarifies that the two stimuli include only non-excitatory parts. This is in contrast to claim 24, for example, where both stimuli include excitatory parts.

Claim 25 clarifies that first stimulus is not applied if the circuitry detects that the heart is undergoing an abnormal activation.

New independent claim 26 is the same as claim 5, but without the limitation that the effects are different. Dependent claim 27 is similar to claim 24.

It is believed that all the points raised by the Examiner have been responded to and a Notice of Allowance is respectfully solicited.

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Respectfully submitted,

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**Enclosures:**

- Petition for Extension of Time (Three Months)
- Request for Continued Examination (RCE)